

MSP Crime Lab-Amherst
Forensic Services Group
Sharon A. Salem
452 Falley Drive, Westfield, Ma 01085

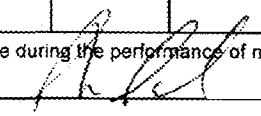
Employee Reimbursement Form

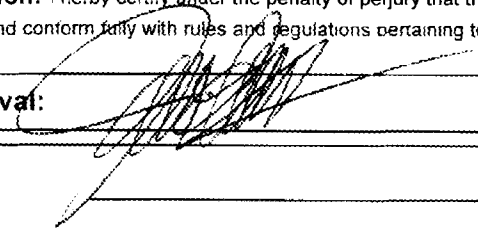
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Employee ID # 145605	Employee or Contractor Title Forensic Scientist III	Bargaining Unit 9	Appropriation 80000106	Unit 2530	Object B02
Document Total:\$			Reconciliation Date:	Schedule Pay Date:	Budget FY 2013
					FY 2013

		Total Private Auto Mileage								
Date	Description	Odometer Readings		Total Miles	Amount	Meals	Fares	Hotel	Other Expenses	Total Expenses
		Beginning	Ending							
12/21/12	Amherst/Sudbury Round Trip -QA Meeting	63216	63408	192	\$ 86.40					\$ 86.40
01/07/13	Amherst/Sudbury Round Trip-pick up instrument part for	65271	65463	192	\$ 86.40					\$ 86.40

Employee's Certification: I hereby certify under the penalty of perjury that the amounts itemized above are true and correct, were incurred by me during the performance of my official duties of the Commonwealth and conform fully with rules and regulations pertaining to employee reimbursement.

Employee's Signature: 

Supervisor's Approval: 	Title: <u>LAB Sup II</u>	Date: <u>1/15/13</u>
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Fiscal Verification:	Title: _____	Date: _____
Fiscal Approval:	Title: _____	Date: _____